You and Your Care

Bradford District NHS Care Trust

BOARD MEETING

27 March 2014

Paper Title:	Integrated Performance Report – February 2014 data
Section:	Public – Quality and Safety
Lead Director:	Helen Bourner, Commercial Director
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Agenda Item:	14

KEY ISSUES AND REQUIREMENTS OF THIS REPORT:

The February 2014 dashboard shows a positive position for most indicators.

Correlation of quality information (including patient experience and safety related measures), performance, finance, workforce and health & safety information has taken place and did not identify any particular areas of concern.

RISK ISSUES IDENTIFIED FOR DISCUSSION:

There are no additional risk issues identified for discussion.

LINKS TO STRATEGIC DRIVERS:

Patient Experience	Quality	Value for Money	Relationships
The integrated performance report and dashboard enables the Trust Board to assess material against each of the key strategic aims as well as triangulate across them for cross cutting themes and specifically to explore whether there is an interplay between the performance against one of the strategic aims and performance in any of the other areas.			

FINANCIAL IMPLICATIONS:

a) Year to Date Performance

The Moor Lane disposal completed on 24 February and achieved a surplus of £988k; £2,238k cash and £1,250k capital financing. Other key movements include a £104k projected deterioration in CQUIN performance; from 96% to 92% (£1,084k forecast income relates to Q4 targets), an increase in OOA bed placements (driven by higher than planned adult inpatient lengths of stay and bed occupancy) and the £400k estimated impacts of a number of small staff consultations. Confirming and managing IM&T Strategy costs is the key risk to forward financial performance and forms part of the separate financial plan agenda item.

- **Income and Expenditure** – The disposal of Moor Lane has had a substantial impact on overall financial performance; realising a CIP of £988k, which is £63k more than planned, with other budgets £798k ahead of plan. The overall £4,236k surplus of income over expenditure is £861k ahead of plan.
- **Capital -** Capital expenditure has slipped by £2,217k compared to original plan; £509k block allocation and £1,123k Agile Working and enabling IT slippage. The sale of Moor Lane and 2 smaller disposals planned for March generated £1,470k capital disposal funding; £220k ahead of plan. This gave aggregate under spending against the planned Capital Resource Limit (CRL) of £2,217k. Adjusting for the outturn £1,656k CRL and EFL reduction (as notified previously, for Agile Working and ATU) gives under spending of £561k on residual capital expenditure programmes.
- **Cash –** balances are £1,998k more than plan, including brought forward capital disposals, £2,217k capital expenditure slippage, £861k budget under spending and offset by £800k cash lag on BMDC commissioning arrangements and other lags.

b) Cost Improvement Programme (CIP)

The Trust has achieved £6,274k (102%) against a target of £6,169k to date; (£105k favourable). This comprises £5,248k (79%) original Board approved CIPs, supplemented by £1,026k brought forward 2014/15 CIPs (17%); £6,274k gross achieved. Deploying £458k high risk CIP reserves (7%) gives 102% overall.

c) 2013/14 Projection and Key Financial Risks

The Trust projects achievement of the planned £3,481k surplus (before £435k technical adjustment for impairments). The projected surplus fully deploys all reserves, depends on tight management of the position and is subject to four key areas of uncertainty;

- **CQUIN –** Achieving 92% income (targets loaded £1,084k of forecast relating to Q4).
- **OOA placements** – activity remains volatile due to higher than planned lengths of stay and adult acute bed occupancy; £1,273k costs to date (£1,379k projected) with placements increasing in month from 112 days and £66k to 195 days and c £106k.
- **Staff Consultations** – £0.4m estimates have been included for a number of small consultations that support achievement of forward operational plans.
- **HMRC VAT Review –** recovery of VAT in query by HMRC following recent review but being challenged by Trust advisors as consistent with NHS practice.

d) 2014/15 Financial Plan

The February FBI Committee considered the Trust's draft 2 year financial plan prior to a submission to the NHS Trust Development Authority (NTDA) in early March. Revisions; including the outcome of contracting, national pay negotiations, IM&T strategy impacts and impairments are included in final plans being considered by the March Board in advance of a final NTDA submission on 4 April 2014.

LEGAL IMPLICATIONS:

There are no known legal implications arising from this report.

PREVIOUS MEETINGS/COMMITTEES:

Highlight whether the paper has been discussed at any of the following meetings:

Audit Committee		Service Governance Committee		Remuneration Committee		Finance and Investment Committee	
Executive Management team	✓	Risk Assurance Group		Chair of Committees Meeting		MH Legislation Committee	

RECOMMENDATIONS:

That the Board:

- reviews and considers the content of the dashboard in order to provide the opportunity for correlation of information;
- endorses the actions outlined in the exception report;
- approves the monthly self certification for submission to the NHS Trust Development Authority.

INTEGRATED PERFORMANCE REPORT
FEBRUARY 2014 DATA

1. BACKGROUND

This paper has been developed to assist the Board in assessing progress to meet the delivery of key targets and performance indicators which impact on the Trust's regulatory, contractual or reputation status.

The integrated performance dashboard contains:

- Page one - national ratings and indicators from Monitor risk assessment framework
- Page two – priority indicators relating to quality
- Page three - priority indicators relating to contractual requirements
- Pages four and five - priority indicators relating to finance
- Page six - priority indicators relating to the Transforming Care Programme

2. ITEMS 0F NOTE AND EXCEPTION REPORTS

The dashboard shows February 2014 performance.

The Board is asked to note the assurances in relation to the following exception report:

- clients clustered/clients in scope with an in date cluster (indicators 3.13, 3.14)

3. NATIONAL RATINGS AND INDICATORS FROM MONITOR RISK ASSESSMENT FRAMEWORK (dashboard page one)

National indicators used by Monitor to assess governance (indicators 1.5 – 1.18) have all been achieved in February 2014, resulting in a self assessed governance rating of green (summary button 1.3).

4. PRIORITY INDICATORS RELATING TO QUALITY (dashboard page two)

Quality and Safety update

Correlation and discussion of key quality issues arising during February 2014 did not identify any specific issues of concern.

Last month's integrated performance report highlighted that the number of pressure ulcers rose in January 2014. In February 2014 the number of pressure ulcers was in line with the monthly average. The Trust continues to strive to minimise pressure ulcers. It was also noted that numbers of suspected suicides would be monitored. There were two serious incidents relating to suspected suicides in February 2014. There are no particular teams where the number of suspected suicides is higher than others at this point in time. Directors will continue to monitor these issues as part of the monthly correlation of quality and safety information.

Update report - sickness absence

As part of the Trust's drive to reduce sickness absence rates (with a target of four percent from 1 April 2014), March's Forward to Excellence event provided an update on the Trust's current sickness levels and hotspot areas before exploring proposed initiatives for 2014/15 and best practice and learning from a number of NHS trusts who were similar in size and make up to BDCT and had managed to reduce their sickness levels to below four percent.

Some of the interventions introduced by other trusts included: dedicated HR Advisors who focused on dealing with sickness cases, the use of health and wellbeing apps to improve the overall wellbeing of staff and the use of occupational health therapists and physiotherapists to support staff remain in work or return to work from quickly.

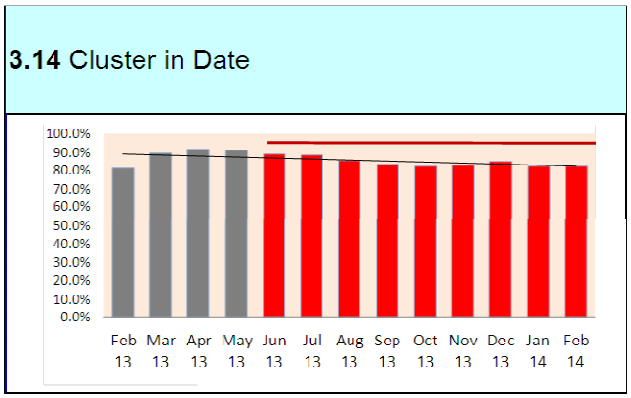
Participants then discussed what other interventions they would like to see introduced to help reduce sickness levels. Ideas included learning sets to help support and up skill managers and broadening the services of Employee Health and Wellbeing to include occupational health services and self-care workshops.

The outputs from the session will be used to further develop the action plan for 2014/15.

5. PRIORITY INDICATORS RELATING TO CONTRACTUAL PERFORMANCE (dashboard page three)

Exception report - clients clustered and clients in scope with an in date cluster (indicators 3.13 and 3.14)

Indicator No.	Indicator	12/13 outturn	13/14 target	Numerator	Denominator	Current Performance	FOT 13/14	Trend	Potential Penalty
3.13	In-date Cluster Clients Clustered	91.8%	100% with 5% tolerance	4730	5549	85.2%		↓	
3.14	In-date Cluster/Clients in scope	89.7%	>= 95%	4730	5736	82.4%		↑	



February 2014 performance remains at a similar level to January for both clustering indicators. Forecast outturn has been changed from amber to red this month as it unlikely that performance will improve to the 95% target before the end of 2013/14. Action plans have been put in place to address the number of expired clusters and of multiple open clusters. The actions include dedicated administrative resource within inpatient services to work with clinicians and close multiple open clusters that remain; a focus on emphasising the need to close clusters; and specific audits into clusters 0, 1, 2, 3 which have identified service users where clusters could be closed. A two month timescale (mid May 2014) has been identified within which a performance improvement should be seen.

6. PRIORITY INDICATORS RELATING TO FINANCE (dashboard pages 4 & 5)

6.1 Financial Performance as at 28 February 2014

The Trust has generated a year to date surplus of £4,236k; which is £861k ahead of plan.

The main driver of this is, however bottom line performance continues to mask a number of in-year issues. These include;

Area	Favourable £ 000	Adverse £ 000
Aire/Wharfe/Craven and Bradford Localities	(1,784)	
Specialist & Nursing, Estates and Support	(469)	
Medical Budgets		286
Inpatient Services		2,099
Reserves and Central Budgets	(493)	
Revenue from Patient Care	(437)	
Sub Total	**(2,635)**	**2,078**
Net Financial Variance	**(798 Favourable)**	
Moor Lane asset disposal	(63)	
Overall Net Financial Variance	**(861 Favourable)**	

a) Under spending in Airedale, Wharfedale & Craven, and Bradford City & District localities, driven by general non pay under spending, new confirmed Health Visitor student income and early achievement of 2014/15 locality CIPs, but masking £705k Community Mental Health pay pressures
b) Under spending against other operational budgets in Specialist & Nursing (£233k) and Support (£568k) masking over spending of £22k in estates and £310k information/telecomms budgets.
c) Over spending against Medical budgets reflecting medical locum costs outlined later in this report
d) Over spending within inpatient budgets. Pay pressures of £1,004k including £504k relating to ATU/ATU CIP, £107k to PICU, £64k to Acute Care Pathway and £226k to psychology waiting list pressure (April-September) with the balance being largely primary mental health care. Other pressures of £1,096k include £1,273k out of area placement costs (CIP target to eradicate costs from 1 April) offset by (£124k) under spending including drugs, travel and other ward non pay items and (£53k) over recovery of psychology income.
e) Over recovery against planned patient care revenue (£437k), reflecting reduced (92.2%) CQUIN projection £66k, Mental Health and LD cost per case activity (£190k) and brought forward PICU activity from 2014/15 plan (£346k), offset by under recovery of low secure income £14k and various small variances £19k.
f) Negotiated increase in disposal proceeds for Moor Lane and profit on sale of £988k compared to £925k at plan and as included in CIP programme.

Out of Area placement costs rose again this month. Bed days purchased have fluctuated recently; 98 November, 185 December, 112 January, and 195 February, continuing to impact as a consequence of sustained bed pressures (occupancy levels 99.4% compared to 85% plan) and higher than planned length of stay (49.5 days compared to 35 target). Whilst delayed transfers of care have fallen to 2.2% this month, they ranged between 3.6% and 6.7% between April 2013 and January 2014 (compared to 2% early 2012/13, and 3.1% March 2013).

Whilst there have been some positive signs, fluctuations in OOA bed usage and sustained occupancy and length of stay challenges mean the outlook for the final weeks of 2013/14 and into 2014/15 remains unpredictable.

6.2 End of Year Projection

The Trust projects achievement of the planned surplus of £3,481k, based on the continued assumption that reserves are fully deployed.

This is before technical adjustments for £435k fixed asset impairment charges that will impact as at 31 March 2014, based on a revaluation exercise undertaken by the District Valuer (DV). The impact has been adjusted by the DV this month to take account of updated RICS building indices and location factors and results in a £1,056k reduction from the £1,491k impairment charge assessed by the DV previously. This will generate impacts for depreciation and PDC cost of capital; as increased year end valuations drive higher capital charges and cost of capital. These changes have been reflected in the 2014/15 and 2015/16 plan due to be received by the Board this month.

Impairments are excluded from the assessment of in-year NHS financial performance but are included as technical items in the overall position as disclosed in the statutory annual accounts.

The forecast is predicated on a number of assumptions including CQUIN, projected out of area placement costs and other key risk factors outlined more fully below. Whilst the balance of risks remains favourable, the key areas of uncertainty/volatility relate to;

Key Risk	Forecast £ 000	Best £ 000	Worst £ 000	Issue
Quarter 4 CQUIN Targets	(1,084)	(1,187)	(1,047)	Key risks rated by service relate to CQUINs 2 £49k,5 £49k, 7 £73k and Low Secure 6 £6k, of which 50% CQUIN 7 forecast (£36k) but the balance has been assumed will be forfeit
March Out of Area Costs	106	106	250	Placements reduced materially in October and November (approx. £49k per month, but rose to £84k this month. Peak costs at Quarter 2 averaged £200k per month
HMRC COS VAT Review	0	0	600	VAT recovery queried by HMRC, including 4 years' retrospective claims in recent review. Query letter not formally confirmed to the Trust and being strongly challenged by external Trust VAT advisors as wholly inconsistent with accepted NHS practice
Staff Consultations	400	400	500	Prior month improvements in the position have been utilised to bring forward a number of small staff consultations that will support delivery of the Trust's forward financial plans. Impacts have been estimate without prejudice to proper process

Although net Out of Area, Community Mental Health Team staffing and Inpatient pay pressures are being managed by deploying reserves and offset by other operational under spending, the key issue going forward is the extent to which these issues are recurrent and impact on our plan for 2014/15.

The overall in-year assessment for 2013/14 is broadly consistent with that reported last month; with a likely case forecast of £3,481k being maintained.

The business case for Agile Working was supported by the FBI Committee (FBIC) in February and is due to be received by the Board this month. The impacts have been taken account of in the draft 2 year financial plans as have agreed EMT planning assumptions for the IM&T strategy and Tech Fund bid that were excluded due to timing issues from versions of the plans reviewed by FBIC.

The 2013/14 end of year forecast is predicated on the key assumptions and areas of volatility highlighted above. Other lower impact assumptions include;

- Revenue from cost per case patient care achieves projected levels; **PICU over trading of £460k and other cost per case over trading of £205k**
- The Trust faces no risks relating to **AQP in podiatry**
- **Staff turnover** continues to release an additional £44k per month to the end of the year to release **£44k**
- **Other CIP projections** are achieved, including additional procurement savings of £240k and Admin hub CIP savings of £345k
- **No new commitments are made from reserves,** which now include £400k 2013/14 estimated impacts of staff consultations
- The **costs of business cases** approved in-year are contained to within estimates of **£241k for admin hubs** approved in the summer. **No costs** have been assumed **for agile working** (with the exception of £257k project costs already committed via EMT) **or for clinical information systems.**

Key risks already being experienced include the following material items;

i) Managing Out of Area (OOA) placements – planned expenditure nil

Year to date costs of £1,273k or 2,467 occupied bed days reflect sustained adult inpatient bed pressures, with increased placements reversing the favourable movement seen last month.

The forecast agreed with service leads of £1,379k or 2,662 bed days assumes that 195 bed days in March (equivalent to February, but below the full year to date average of 224 days).

Actual Bed Days per Month												**Average Bed Days**			
M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	**Total**	Q1	Q2	Q3	**Ytd**
215	251	208	388	368	349	98	98	185	112	195	**2,467**	225	368	127	**224**

At the time of writing the Trust has 15 Out of Area placements. If these levels were to be sustained throughout March the cost in this final month could be as much as £250k; £1,523k (£144k deterioration). The position is unlikely to be better than projected.

The Trust expects this pressure to continue to impact on the Trust into 2014/15 and has incorporated costs of £1 million in the plan to be considered by Board; reducing to £400k in 2015/16 as the Trust works to reduce lengths of stay and bed occupancy levels and nil from 2016/17. Potential to develop invest to save schemes is also being considered by operational colleagues.

ii) Eradicating over spending in Adult Community Mental Health

Year to date over spending of £705k (£766k projected) includes a small level of over spending in respect of admin staffing (which will be addressed on a recurrent basis via the admin review). Actions relating to residual CMHT over spending have been considered by the Community Mental Health transformation work stream and a recurrent care co-ordination pressure of £554km has been considered and included as part of refreshed annual business and financial planning for 2014/15.

iii) Eradicating over spending in Adult Acute Inpatient Wards

The position includes agreed commissioner funding for specialling of £195k. As a consequence of this, and actions taken by operational leads to reduce agency staffing reliance using vigorous and targeted recruitment, overall acute care pathway pay budgets show reduced residual over spending of £64k to date (£57k over spend projected). The £28k deterioration in the projection reflects revised agency staffing forecasts with service which include the impacts of known staff leavers.

iv) Containing Medical Locum pressures to £500k reserved at plan

The position to the end of the period is an over spend of £420k after taking account of associated vacancy budgets. This is expected to reduce slightly and result in projected over spending of £347k inclusive of vacancy budgets. The projection has increased by £43k this month due to a deterioration in Junior Doctor charges £33k and Consultants £10k.

Going forward into 2014/15 management of the position is dependent on recruitment of 4 substantive members of staff, 3 of whom now have start dates. This position is being closely managed by the Medical Director.

v) Substituting under performing CIPs and managing in year performance to achieve a recurrent £7.2m target, offset by a £0.5m high risk CIP reserve

The year to date position reflects CIPs that are being achieved ahead of plan, and actions to support formal substitution of currently under performing schemes, and/or those where future month achievements are not anticipated.

Of £6,627k year to date plans originally approved by the Board, the Trust has achieved £5,248k or 79% of our gross CIP plan to date (£1,379k adverse).

This is supplemented by £1,026k CIPs achieved ahead of plan (2014/15 community locality and PICU marketing) to bring aggregate achievement to £6,274k (95% gross). After deploying high risk CIP reserves of £458k, net CIP performance is 102%.

CIPs achieved now include the disposal of Moor Lane which completed on 24 February; to achieve a non-recurrent surplus and CIP on sale of £988k (£925k planned).

Key variances and impacts on the projection are outlined below;

Original Scheme	Variance	Risk
Moor Lane Disposal	(63)	Higher than planned surplus on disposal achieved due to agreed escalator adjustment
OOA Placements – will not achieve	611	Will not achieve 2013/14 or 2014/15. 2014/15 and 2015/16 draft plans include £1m and £400k pressures respectively (nil assumed 2016/17)
ATU re-design – commissioner review concluded after 2013/14 plan but before June LTFM submission	374	Will not achieve 2013/14. 2014/15 plan substitutes impact.
Admin Review and implementing Hubs – revised operational plans may mean 13/14 target is exceeded non-recurrently but savings will accrue largely in quarter 4	280	Green – on track to complete by year end and expect to achieve 2014/15
Travel & Car Parking – delays in introducing car parking charges will require substitution non-recurrently	110	Amber – requires non-recurrent offset 2013/14
Effective Use of Estate – procurement savings not yet confirmed as achieved	11	Green – information received retrospectively
Other	56	Amber – substitutions may be required
Total Original Schemes	**1,379**	

The Trust sought Board approval at the August FBIC to formally recognise brought forward achievement of a number of CIPs that had been planned for delivery next year, but where benefits are already accruing. These represent £1.2m including £0.74m Community localities, £0.07m finance (offsetting corporate slippage non-recurrently) and £0.38m PICU marketing. Arrangements to ensure Quality Impact Assessment of all CIPs are led by the Medical Director and are being revised to ensure that any brought forward plans are separately and appropriately considered.

Work being conducted within the Transforming Care Programme Office will continue to support ongoing delivery by tracking the achievement of key milestones attached to future savings, e.g. accommodation and IT requirements for admin and agile working.

vi) **Delivering planned income and activity levels for Commissioner contracts and additional funded programmes**, including Health Visitor / FNP recruitment, demographics and psychological therapies waiting list initiative and containing costs within projected levels.

6.3 Capital Resource Limit (CRL) and Capital Expenditure

The year to date CRL of £2,192k comprises planned capital expenditure of £4,367k offset by (£2,175k) planned disposals; comprising Odsal clinic and Daisy Bank (£925k) and Moor Lane (£1,250k).

The planned disposal of Moor Lane was completed on 24 February, removing the principal, risk to achievement of the Trust's 2013/14 plan and provided £2,238k cash, £1,250k CRL and £988k non recurrent CIP.

Actual capital costs of £2,150k are offset by disposals of (£2,395k) to generate a charge of (£245k) and an under spend of £2,437k compared to the year to date CRL at plan. Expenditure slippage of £2,217k includes Agile Working and enabling IT £1,123k (Agile Business Case to be considered by Board this month) and block capital £509k.

Taking account of the £1,656k end of year adjustment to the Trust's capital resource and external financing limits, which reduces the expected capital expenditure and increases projected cash balances by the same amount, the underlying current capital performance is £781k ahead of plan, of which £220k relates to two disposals achieved ahead of March plan (Greyfriars' Walk and Abelia Mount) and £561k relates to capital slippage (largely block allocations).

Capital programme leads have provided assurance via CPIG that schemes are on track to expend in full by 31 March.

6.4 Working Balance Management

The cash balance at the end of the period is £19,794k which is £1,998k ahead of plan at the end of February. The cash variance includes;

- £0.80m adverse - different contracting arrangements with BMDC
- £0.75m adverse - various other receivables lags
- £0.10m adverse - payables higher than plan
- (£0.19m) favourable - earlier than planned Greyfriars and Abelia Mount disposals
- (£2.22m) favourable - other including capital expenditure
- (£0.46m) favourable - provisions not yet discharged
- (£0.86m) favourable - variance compared to planned surplus

As outlined above, as a consequence of the Trust's revised capital expenditure forecast we requested a reduction in our capital resource and external financing limits (EFL) to reflect reduced capital cash commitments, meaning we now need to hold £1,656k more than plan, or £19,138k as at 31 March.

7. PRIORITY INDICATORS RELATING TO THE TRANSFORMING CARE PROGRAMME (dashboard page 6)

The adult mental health transformation project continues to be red against targets concerning adult mental health acute inpatient activity, including average length of stay which was 49.5 days in February against a target of 35 days and occupancy which was 99.4% in February against a target of 85%. This project will not be able to meet future milestones concerning the reduction in adult mental health capacity by 31 March 2015, increasing the likelihood of a significant cost pressure in 2015/16. Discussions are ongoing within adult mental health around service options to address the high average length of stay and a paper is currently being written which considers options to help reduce average length of stay. There are overspends in bank and agency cost, which have been netted off against permanent staff underspends, resulting in a net forecast overspend of £185k and in the use of out of area placements where there is a forecast overspend of £1.38 million for the year.

The inpatient redesign project has been delayed by a total of five months to reach an agreed unit design for the older people's mental health organic unit at Daisy Hill House, the anticipated opening date is now May 2015. An outline option was presented as the recommended option within the business case at Trust Board in February 2014 and was approved. There is a six month delay in the withdrawal from Ward 24 at Airedale NHS Foundation Trust. The anticipated withdrawal is now May 2015. The average length of stay for functional older people's mental health has dropped below the 66 day target in February after being above in previous months, but number of admissions for the year is predicted to slightly above the target (of 104) at 107 admissions.

The productivity project is rated red due to an increase in sickness within the administrative workforce to 6.3% (against the current target of 5%), this is due to a small number of staff on long term sickness absence who are being supported to return to work. The overall position is being monitored closely whilst staff are in a transitional period during the implementation of the administrative hubs and any concerns are being responded to promptly. The business case for agile working is going to March 2014 Trust Board for approval. Efficiency savings should still be achievable during 2014/15 as the emphasis is being place on organisational development work within service areas to release efficiencies prior to the introduction of mobile technologies.

The care packages and pathways project remains red rated against three indicators related to in date clusters and number of open clusters. An exception report is provided in Section 5 of the integrated performance report.

8. SUPPORTING INFORMATION

The Board is also reminded that the information available to it, to support an assessment of performance, is greater than the material presented in the integrated performance dashboard and report. The Integrated Performance Framework approved at the May 2012 Board encourages Board members to actively and independently assess the information and intelligence that is available to them in order to triangulate information presented in reports with information derived from direct experience and feedback. The Board 'walk-abouts', 'clinical buddying' schemes, meetings with complainants and feedback from meetings with stakeholders will help Board members to triangulate the information at their disposal.

Discussion and correlation of quality information (including patient experience and safety related measures), performance, finance, workforce and health & safety information took place at the Directors' meeting. The correlation of information did not identify any particular areas of concern.

9. NHS TRUST DEVELOPMENT AUTHORITY ACCOUNTABILITY FRAMEWORK: OVERSIGHT SUBMISSION SELF ASSESSMENT

Paper 14a summarises the Trust's self-assessment submission that forms part of the oversight arrangements contained within the NHS Trust Development Authority's accountability framework for NHS trusts.

10. MONITORING AND REVIEW

The next integrated performance report and dashboard (March 2014 and quarter 4/year end data) will be presented to the Board in April 2014.

11. RECOMMENDATIONS

That the Board:

- reviews and considers the content of the dashboard in order to provide the opportunity for correlation of information;
- endorses the actions outlined in the exception report;
- approves the monthly self certification for submission to the NHS Trust Development Authority.